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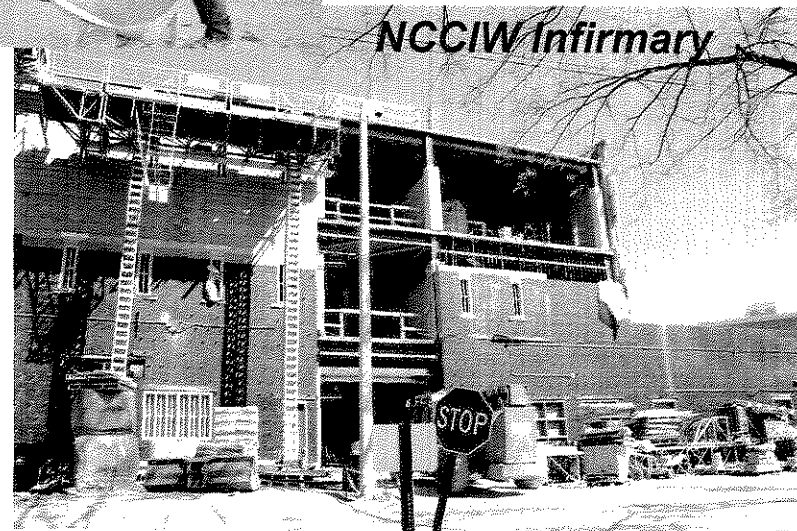
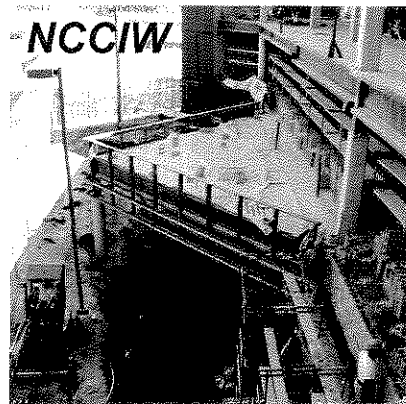
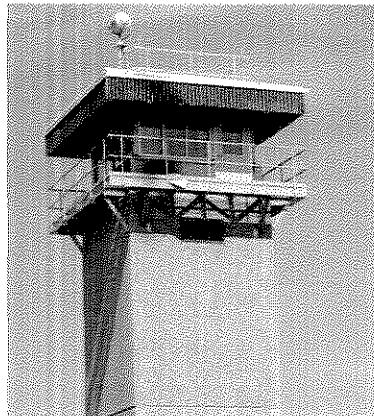
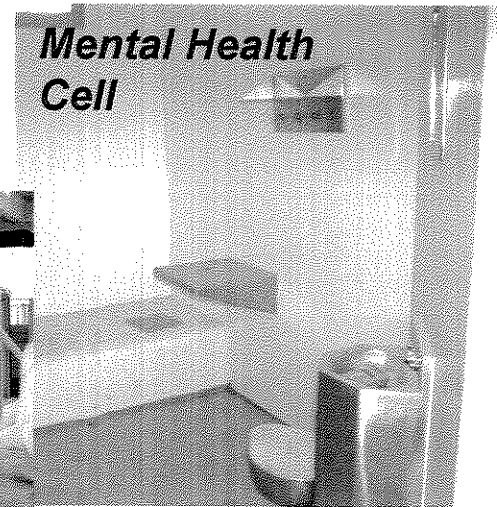
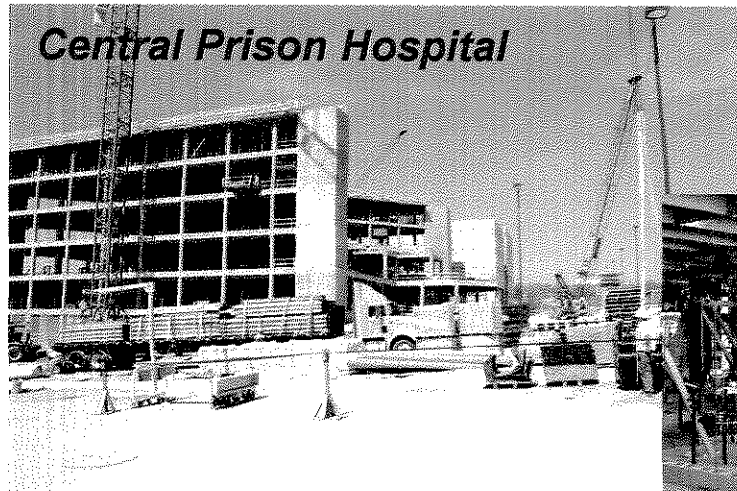
## Inmate Healthcare: Our Tax Dollars at Work

### *Supplemental Handout*

June 10, 2010

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## The future – New facilities, new services



## The future – New facilities, new services

- Healthcare Facilities
  - Completion Fall 2011
  
- NCCIW
  - Clinic space
  - Updated Infirmary
  - Mental Health Facility
  - Onsite diagnostic and support services
  
- Central Prison
  - 120 Medical beds
  - 200 Mental Health beds
  - Clinic space
  - Onsite diagnostic and support services

## Impact on Current Services (External)

- Anticipate 30% reduction in number of inmates requiring external services
  - Hospitalizations
  - Chemotherapy
  - Physical therapy
  - CT Scans
- Anticipate cost shift back to new facilities
- Increased public safety

## Research for RFP

- Review of information from other states
- Sample RFPs
  - Vermont
  - Texas
  - Alabama
  - Michigan
- Various Rate Structures
  - Capitated (based on inmate population)
  - Medicaid rate

## Rationale for Key Elements and Rates in NCDOC RFP

- Large number of prison facilities
- Measurable base rate
  - Medicare rate
  - Accessible updates with current NCDOC technology
  - Higher level of accountability through audits
- Greater economic incentive
  - Underutilized hospital facilities
  - Underutilized specialists

## NCDOC RFP – INMATE MEDICAL MANAGEMENT SERVICES

### ➤ Key Elements of the RFP

- PROVIDER NETWORK – Vendor shall provide a managed, stable, high quality Network or Networks of individual, group, and hospital health care providers to provide specialty care medical services when deemed appropriate and approved by NCDOC.
- PROVIDER AUTHORIZATION – Medical authorization requests submitted to vendor via web portal for adjudication and response using NCDOC Health Services medical policies and procedures as the guidelines.
- CLAIMS MANAGEMENT – Vendor shall provide a consolidated claims processing solution for all medical claims from receipt to final disposition.
- FINANCIAL MANAGEMENT – The Vendor shall maintain accurate control of medical claim payments, audits, adjustments and recoupment's.
- CALL CENTER SERVICES – Call Center Services for NCDOC and Provider Network for questions, inquiries, and technical support.
- TECHNICAL – Technical solution that satisfies all requirements within the RFP while complying with all State and Federal requirements.
- PROJECT MANAGEMENT AND TRAINING - Vendor shall align their project management approach with the projects inherent to the Inmate Medical Management Service objectives and requirements.
- REPORTS – Vendor shall provide robust reporting to include standard, flexible, and customized reporting of all areas within the Inmate Medical Management Services.

## RFP Proposal Timeline

<u>Activity</u>	<u>Responsibility</u>	<u>Date or Timeframe</u>
Issue RFP on Interactive Purchasing System	State P&C	April 1, 2010
Deadline for Written Questions	Offeror	May 12, 2010
Responses to Written Questions/RFP Addenda	NCDOC	June 15, 2010
Opening of Technical Proposals (Bid Closes)	State P&C	August 2, 2010
Evaluation of the Technical Proposal	NCDOC	August 3 – October 15, 2010
Oral Presentations (if necessary)	Offeror	October 18 – 19, 2010
Recommendations to P&C to open cost proposal	NCDOC	November 17, 2010
Opening of Cost Proposals	State P&C	December 8, 2010
Recommendations to P&C for Contract Award	NCDOC	December 20, 2010
Award of Contract	State P&C	January 14, 2011
Implementation Plan Coordination	NCDOC & Contractor	January 14, 2011 – February 14, 2011
Implementation Period	Contractor	February 15, 2011 – February 14, 2012
Go Live Date	Contractor	February 15, 2012



## Closing Remarks

- NCDOC welcomes legislative efforts to reduce costs
- Concerns with special provisions
  - The Department needs leverage mandating access for inmate medical care
  - Lack of baseline charges or fee schedule based on known standard
  - If the reimbursement rate must be tied to a percent of billed charges, then there must be a cost increase offset tied to the Consumer Price Index for medical care
  - Due to current custody and health care housing structure, the Department believes it can accommodate a maximum of 20% of hospitalizations at any one location
- Architectural models of the new facilities are available
- **THANK YOU!!!**